

PTO/SB/01 (09-04)

Approved for use through 07/31/2008. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required	Attorney Docket Number	P05841US00
	First Named Inventor	UNGEMACH, Robert et al.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMRT REINFORCED THERMOPLASTIC PATIENT RESTRAINTS

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

02/03/2005

as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US02/31816	WIPO	10/04/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto.

[Page 1 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

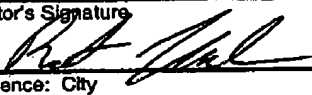
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DECLARATION – Utility or Design Patent Application

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Name		
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Country	Telephone 515-288-3667	Fax 515-288-1338
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.		
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any)) ROBERT		Family Name Or Surname UNGEMACH
Inventor's Signature 		Date 02/03/2005
Residence: City Elm Grove	State WI	Country US
Citizenship US		
Mailing Address 700 Verdian DRIVE		
City Elm Grove	State WI	ZIP 53122
Country US		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle (if any)) JEFFREY S.		Family Name Or Surname NIBBELINK
Inventor's Signature		Date 02/03/2005
Residence: City Sioux Center	State IA	Country US
Citizenship US		
Mailing Address 1448 3rd Avenue S.E.		
City Sioux Center	State IA	ZIP 51250
Country US		
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.		

[Page 2 of 2]

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PTO/SB/81 (11-04)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	February 2, 2005
First Named Inventor	UNGEMACH, Robert et al.
Title	IMRT REINFORCED THERMOPLASTIC PAT
Art Unit	
Examiner Name	
Attorney Docket Number	P05841US00

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

22885

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

22885

OR

☐ Firm or
Individual Name

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City

State

Zip

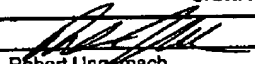
Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	2-03-2005
Name	Robert Ungemach	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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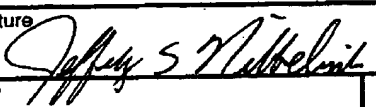
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	515-288-3667	515-288-1338		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name Or Surname		
ROBERT		UNGEMACH		
Inventor's Signature			Date	
			02/03/2005	
Residence: City	State	Country	Citizenship	
Elm Grove	WI	US	US	
Mailing Address				
700 Verdian Drive				
City	State	ZIP	Country	
Elm Grove	WI	53122	US	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name Or Surname		
JEFFREY S.		NIBBELINK		
Inventor's Signature			Date	
			02/03/2005	
Residence: City	State	Country	Citizenship	
Sloux Center	IA	US	US	
Mailing Address				
1448 3rd Avenue S.E.				
City	State	ZIP	Country	
Sloux Center	IA	51250	US	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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Examiner Name	
Attorney Docket Number	P05841US00

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☐ Practitioner(s) named below:

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OR

☐ The address associated with Customer Number:

22885

☐ Firm or
Individual Name

Address

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State

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Country

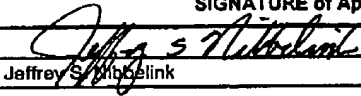
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2/17/05
Name	Jeffrey S. Michelink	Telephone	712-722-0447
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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